

GOVERNMENT OF THE DISTRICT OF COLUMBIA

Department of Employment Services

VINCENT C. GRAY
MAYOR



LISA M. MALLORY
DIRECTOR

DOES Office of Youth Programs (OYP) Parent Consent Form

Applicant's Full Name

Applicant's Last 4 of SSN

Applicant's Signature

Date

I, _____, certify that I am the parent/ guardian of the minor applicant whose name appears above, and hereby give my consent for the minor to participate in youth employment programs administered by the D.C. Department of Employment Services (DOES) Office of Youth Programs (OYP) which include the One City Summer Youth Employment Program (SYEP); the Mayor's Youth Leadership Institute (MYLI); the Year-Round In-School and Out-of-School Programs; the One City High School Internship Program (OCHSIP); the One City College Internship Program (OCCIP); and the Pathways for Young Adults Program (PYAP), from the date on the bottom of this consent form until such time the minor is no longer eligible to participate in youth employment programs or I revoke this consent in writing. I further certify that all of the information contained within the minor's application is correct and true and that by enrolling my child in any OYP programs I hereby give permission to DOES and its partner organizations to photograph/interview my child. It is my understanding that this photograph/interview or portions may be used by DOES and its partner organizations to describe, promote, and publicize its programs. I agree to participate in this project without financial remuneration, and I understand that this releases DOES and its partner organizations from any future claims, as well as from any liability, arising from the use of said photograph/interview. In accordance with the *District of Columbia Official Code Division V, Title 32, Chapter 2*, I understand that by enrolling my child in programs offered by OYP I consent to the release of my child's education records and school attendance data to DOES for the purpose of verifying my child's eligibility for these programs. I understand that education records include first name, last name, date of birth, address, enrollment status, grade level, and any additional fields. I further understand that DOES will use this information for no other purpose than verifying that my child is eligible for its programs and will safeguard it against further disclosure. Further, I understand that by enrolling my child in programs offered by DOES, I consent to my child participating in an on-going independent evaluation of the effectiveness of these programs. Further, I understand that DOES may contact my child's school for up to two years after their participation to obtain records showing their progress, including information about enrollment, grades, test scores, suspensions, and attendance and that DOES may survey or interview my child about its programs as part of this evaluation. I understand that any information collected will be used solely to assess DOES programs and to track general group trends. Individual responses will not be made public and neither my child's name nor any identifiers will be used in any report. Further, I understand that participation in any DOES evaluation activity is completely voluntary and my child may withdraw at any time with no consequences and may opt-out of participating in the evaluation by emailing youthjobs@dc.gov or by contacting DOES via the contact information included on this form.

Parent/Guardian Signature

Relationship to Applicant

Date

ATTENTION: You must submit a signed Parent Consent Form to DOES Office of Youth Programs, ATTN: Consent Form, 4058 Minnesota Avenue NE, Washington DC 20019. You may also fax it to (202) 698-5813 or send a scanned copy to summerjobs@dc.gov. All applications for any programs offered by OYP will be considered INCOMPLETE until this form is signed and submitted.

DO NOT WRITE BELOW THIS LINE

SIGNED PARENTAL CONSENT FORM RECEIVED BY:

Staff Name (Printed)

Staff Signature

Date